

JEFFERSON COUNTY
EMPLOYEE FIRST REPORT OF INJURY

DEPARTMENT: _____ POSITION: _____

DEPT ADDRESS: _____ PHONE #: _____

NAME OF INJURED: _____ SSN#: _____

EMPLOYEE ADDRESS: _____

DATE OF BIRTH: _____ GENDER: _____ HOME PHONE: _____

HIRE DATE: _____ JOB STATUS: FULL/PART TIME WAGE: _____

DATE OF INJURY: _____ TIME OF INJURY: _____ A.M. OR P.M.

TIME EMPLOYEE BEGAN WORK ON INJURY DATE: _____ A.M. OR P.M.

DESCRIPTION OF INJURY: Be specific. Indicate the part of the body affected. (Example: I sprained my right wrist or I strained my lower back.)

HOW DID THE ACCIDENT OCCUR: Tell what happened and how it happened (Example: I was walking in the parking lot when I stepped on a patch of ice, lost my balance and fell onto the pavement.)

DID THE INJURY OCCUR ON EMPLOYER'S PREMISES? _____ YES _____ NO

IF NO, ADDRESS WHERE INJURY OCCURRED: _____

NAME AND ADDRESS OF PHYSICIAN CONSULTED, IF ANY: _____

TREATMENT, IF ANY: _____

EMERGENCY ROOM OR HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL, IF ANY: _____

Signature of Injured

Date

Signature of Supervisor

Date

****A copy of the accident report must be sent or faxed to the County's Finance Office IMMEDIATELY after an accident has taken place ** Fax 865.397.4537 or Email to Sandi Elfast at selfast@jeffersoncountyttn.gov**